



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
BOARD OF NURSING  
158 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0158

**DECLARATION OF PRIMARY STATE OF RESIDENCE**

MYRA A. BROADWAY, J.D., M.S., R.N.  
EXECUTIVE DIRECTOR

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent/Residential Address:

\_\_\_\_\_  
(Apartment #, RR#, Street)

\_\_\_\_\_  
(City, State, and Zip Code)

Mailing address: (If same as above check here \_\_\_\_\_)

\_\_\_\_\_  
(PO Box, Apartment #, RR#, Street)

\_\_\_\_\_  
(City, State, and Zip Code)

Telephone Number \_\_\_\_\_ Email address: \_\_\_\_\_

( ) Yes ( ) No Are you currently employed in the U.S. Military (Active Duty) or  
the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact  
Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the  
State of \_\_\_\_\_ is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my  
knowledge and belief. Providing false or misleading information may result in  
disciplinary action by the Board.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)



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